

00169.105188



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Unassigned
TIMOTHY MERRICK LONG, ET AL.)	
	:	Group Art Unit: Unassigned
Application No.: 10/553,604)	
	:	
Filed: October 18, 2005)	
	:	
For: A METHOD FOR TRACKING)	November 16, 2005
DEPTHS IN A SCANLINE BASED	:	
RASTER IMAGE PROCESSOR)	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

Further to the Preliminary Amendment filed on October 18, 2005, the
Examiner is respectfully requested to amend the above-identified application as follows:



IAP10 Rec'd PCT/PTO 16 NOV 2005 PCT

In re Application of:

Docket No.: 00169.105188

TIMOTHY MERRRICK LONG, ET AL.

Application No.: 10/553,604

Examiner: Unassigned

Filed: October 18, 2005

Group Art Unit: Unassigned

For: A METHOD FOR TRACKING DEPTHS
IN A SCANLINE BASED RASTER IMAGE
PROCESSOR

Date: November 16, 2005

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

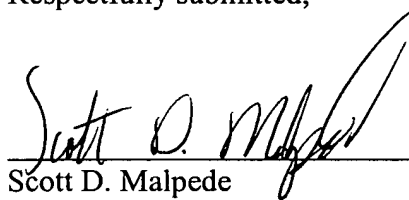
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	MINUS	20	= 0	x \$25 \$50	\$ -0-
INDEP. CLAIMS	3	MINUS	3	= 0	x \$100 \$200	\$ -0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Scott D. Malpede
Attorney for Applicants
Registration No. 32,533

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SDM/vmm

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